ADMINISTRATOR'S DEED

CAUTION: Consult a lawyer before using or acting under this form. Neither the publisher nor the saller of this form makes any warranty with respect thereto, including any warranty of merchantability or fitness for a particular purpose.

THIS DEED, made this	31
	day of
May	day of , 20 <u>02</u> ,
betweenSANDRA_THOM	IAS
of 10057 S. Avenue	<u>L</u>
of the City ofChicago	
County of Cook	
Illinois, as Independent Admi	nistrator of the
ESTATE OF DIANA D.	TYSON
	DECEASED,
hereinafter Treferred to as	Grantor, and
SANDRA/THOMAS	
10057 0	

(The Above Space For Recorder's Use Only) of 10057 S. Avenue L Cook and State of Illinois, hereinafter referred to as Grantees; County of __ of the City of ____Chicago WHEREAS, Granter was duly appointed Independent Administrator of the Estate of DIANA D. TYSON Deceased, by the Circuit Cources ___COOK ___ County, Illinois, on the _2 __ day of ___Iuly_ Cause Number 01P4743 and has July qualified as such Administrator and said Letters of Office are now in full force and effect. -WHEREAS, Grantor, as suc', Grantor, on _____, filed his Petition in said Court for an Order to sell the real estate belonging to said Decedent, _____ , hereinafter and described, to WHEREAS, said Order of Court entraed on DOLLARS (\$_____) free and clear of any liens as prayed for in said petition. NOW, THEREFORE, this DEED witnessets, that Grantor, in consideration of the premises and the sum of SEVENTY FIVE THOUSAND DOLLARS (6.75,000.00) to him in hand paid by Grantee, the receipt whereof is hereby acknowledged, does GRANT, SELL and CONVEY to SANDRA THOMAS THE STREET OF THE PROPERTY OF __ and State of Illinois, and known and describe as follows, namely: (See reverse side for legal description.) Permanent Index Number (PIN): __26-08-116-018-0000 Address(es) of Real Estate: 10057 S. Avenue L, Chicago, IL 60617 TOGETHER WITH ALL right, title, and interest whatsoever, at law or in equity of said _ , Deceased, in and to the premises. TO HAVE and TO HOLD same unto said Grantees, not in tenancy in common, but in joint tenancy forever. IN WITNESS WHEREOF, Grantor, as Administrator aforesaid, has here into set his hand and seal the day and year first above written. SANDRA THOMAS Independent Administrator of the Estate of DIANA D. TYSON _, Dec'd. 31 day of _ DATED this ____ 2002 (SEAL) PLEASE PRINT OR TYPE NAME(S) (SEAL) (SEAL) BELOW SIGNATURE(S) COOK _ ss. I, the undersigned, a Notary Public in and for State of Illinois, County of said County, in the State aforesaid, DO HEREBY CERTIFY that SANDRA ____, Independent Administrator of the Estate OFFICIAL SEAL THOMAS PATRICIA F. DANECK of DIANA D. TYSON _____, Deceased, personally known to me to be NOTARY PUBLIC, STATE OF ILLINOIS the same person__ whose name__ subscribed to the foregoing instrument, appeared MY COMMISSION EXPIRES 12-11-2005 before me this day in person, and acknowledged that _s h e _ signed, sealed and delivered the said instrument as free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead. IMPRESS SEAL HERE 31 2002_ Given under my hand and official seal, this ____ 12/11/05_ Commission expires ___ This instrument was prepared by Michael P. Casey, 495 Burnham Ave., (NAME AND ADDRESS)

LICOR TITLE INSURANCE

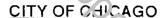
UNOFFICIAL COP

Legal Description

of premises commonly known as_

10057 S. Avenue L, Chicago, IL

LOT 28 IN BLOCK 29 IN TAYLOR'S FIRST ADDITION TO SOUTH CHICAGO, BEING A SUBDIVISION OF PART OF THE NORTH FRACTIONAL 1/2 OF FRACTIONAL SECTION 8, TOWNSHIP 37 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.



REAL ESTATE TRANSACTION TAX DEPARTMENT OF REVENUE

REAL ESTATE TRANSFER TAX

0058250

FP 102803

STATE OF ILLINOIS



JUL.-2.02

REAL ESTATE TRANSFER TAX DEPARTMENT OF REVENUE

REAL ESTATE TRANSFER TAK

0015000

FP 102809

COOK COUNTY STATE TRANSACTION TAX



JUL.-2.02

REVENUE STAMP

005

REAL ESTATE 10004346 TRANSFER TAX

0007500

FP326707

SEND SUBSEQUENT TAX BILLS TO:

ANOR4 TITUMAS

A VOME

(Address)

40. 16.60617

(City, State and Zip)

RECORDER'S OFFICE BOX NO. .

PAGE 2

SANORA MULTI (Name)

Phy Clarks Oxingo

10057 AUDULE

(Address)

11.60417 oths.

(City, State and Zip)